



Energy Management Technologies, LLC
Service 518-631-6004 Main 518-783-7810 Fax 518-783-2079

7195

FIELD REPORT

Location Name / Address <i>Schowdany, Aray</i>		Bill To		Date <i>9-21-21</i>
Contact / Phone		EMTech Contract #		Customer PO #
		Technician Code <input type="checkbox"/> Contract <input type="checkbox"/> T & M <input type="checkbox"/> Quoted <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only		
Problem Description:				
JOBSITE SAFETY CHECKLIST		WORK PERFORMED		
<input type="checkbox"/> Electrical Shock Hazards <input type="checkbox"/> Confined Space <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Water/Oil/Other Liquids on Floor <input type="checkbox"/> Trip or Fall Hazards <input type="checkbox"/> Fire or Explosive Hazards <input type="checkbox"/> Site Checked		<i>checked SPARK & Flame sensors cycle EA color, All pipes material on order.</i>		
REFRIGERANT ACTIVITY				
Did Refrigerant Activity occur?				
<input type="checkbox"/> Yes If yes, a Refrigerant Activity <input type="checkbox"/> No Report Must be completed				
SERVICE EXPENSE		PARTS and MATERIAL		
PARTS, MATERIAL SOURCE		Source	Qty	Part #
<input type="checkbox"/> CS Customer Supplied <input type="checkbox"/> PC Procurement/Cash <input type="checkbox"/> TS Truck <input type="checkbox"/> TP EMTech Parts <input type="checkbox"/> VP Vendor Purchase		<i>VP</i>	<i>3</i>	<i>5IM SON KIT Yanket</i>
		<i>VP</i>	<i>3</i>	<i>IGN KIT w/GASKET</i>
		<i>VP</i>	<i>1</i>	<i>6SKFT DR RBL</i>
EXPENSE TYPE (CHECK ALL THAT APPLY)				
<input type="checkbox"/> Sm Recovery Sys <input type="checkbox"/> Lg Recovery Sys <input type="checkbox"/> Vacuum Pump <input type="checkbox"/> Welder <input type="checkbox"/> Tube Brush Unit <input type="checkbox"/> Technology Charge <input type="checkbox"/> Fuel Charge <input type="checkbox"/> Environment Fee <input type="checkbox"/> Trip Charge <input type="checkbox"/> Pressure Washer <input checked="" type="checkbox"/> Mileage <input checked="" type="checkbox"/> Misc. Supplies		LABOR		
		Date	Name	DDC (Tech)
		<i>9-21-21</i>	<i>WILCO</i>	<i>Y</i>
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe				
Customer Signature <i>WB</i>			Date <i>9-21-21</i>	PO #

Follow-up Required? Yes No Describe

Customer Signature

Date _____

PO #

White - EMTech

Yellow - Processing

Pink - Customer

Services described were performed as part of the terms of this document